

PATENT APPLICATION DECLARATION
COMBINED WITH POWER OF ATTORNEY

Attorney's Docket No.: CE04634N



Regular (Utility)



Design Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR TRANSMITTING A TRAFFIC SIGNAL USING
AN ADAPTIVE ANTENNA ARRAY**

the specification of which:



is attached hereto



was filed on: _____

as U.S. Serial No.: _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR § 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):



no such application(s) filed



such application(s) identified as follows:

Application Number	Country	Date of Filing (day, month, year)	Priority Claimed	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

CE04634N

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

Provisional Application Serial No.:

Provisional Application Filing Date:

I hereby claim the priority benefit under 35 USC §120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Prior U.S. Application(s):



no such application(s) filed



such application(s) identified as follows:

U.S. Parent Application No. or PCT Parent No.	Filing Date (day, month, year)	Status (Patented, Pending, Abandoned)

AS A NAMED INVENTOR, I HEREBY APPOINT THE FOLLOWING REGISTERED ATTORNEY(S) OR AGENT(S) TO PROSECUTE THIS APPLICATION AND TO TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH:

CUSTOMER NUMBERS

29906*, *22917

Send correspondence to Customer Number

29906

Address all telephone calls to:

Timothy J. Lorenz, Ingrassia Fisher & Lorenz, P.C. (480) 902-3150

CE04634N

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 USC and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first-named or sole inventor <u>R. MARK HARRISON</u>		
Inventor's signature <u>R. Mark Harris</u>	Date <u>12/20/01</u>	
Residence <u>1714 PARKWOOD DR.</u>	<u>GRAPEVINE</u>	<u>TX 76051</u>
Street Address	City	State or Foreign Country
Citizenship <u>USA</u>		
Country		
Post Office Address _____		
City	State or Country	Zip Code